

**December 9, 2004**  
**Montana Medicaid Notice**  
**DMEPOS Providers**

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**Diaper/Incontinence Product - Coding Changes**

The following codes will be deleted for dates of service on or after January 1, 2005:

- A4521 Adult-sized incontinence product, diaper, small size, each
- A4522 Adult-sized incontinence product, diaper, medium size, each
- A4523 Adult-sized incontinence product, diaper, large size, each
- A4524 Adult-sized incontinence product, diaper, extra large size, each
- A4529 Child-sized incontinence product, diaper, small/medium size, each
- A4530 Child-sized incontinence product, diaper, large size, each
- A4533 Youth-sized incontinence product, diaper, each

These codes will be replaced with A4520, Incontinence Garment, any type (e.g. brief, diaper), each. The monthly limit for diaper's remains at 180 per month and will continued to be paid at 75% of billed charges.

**Reminder:** The 3-month grace period no longer applies; therefore, if these codes are billed on or after January 1, 2005 they will be denied as an invalid code.

**Contact Information**

For claims questions or additional information, contact Provider Relations:

**Provider Relations in Helena and out-of-state: (406) 442-1837**

**In-state toll-free: 1-800-624-3958**

Visit the Provider Information website:

**<http://www.mtmedicaid.org>**